	In	formatio	n neede	d for Lai	nd Trans	actions	
1. fill out as comp	oletely as po	ssible. If se	elling to the	Tribe, write	CDA Tribe	instead of pe	rson's name.
	Also identify in, or fax it,	the full nar or <b>scan ar</b>	me and triband email to	al ID # of the <b>us</b> at gdorr	e person you @cdatribe-ı	u want receiv	n allotment you want to ring the land. <b>Sign the</b> en though the
			·			O Box 408 F	Plummer, ID 83851.
You can also fax			iche Thibe L	and Oct vice	cs Office, i .	.O. DOX 400 I	idiffilici, ID 00001.
Allotment # I want to Sell/Gift Convey							
My:	First Name						
	full middle						
	last Name						
	Date of Bir	th					
Degree of Indian	Blood						
enrollment #		•	Tribe				
Marital Status							
Education years	yrs in elem		in High School?			In College?	
Dependents for support	FULL name	•					
My Permanent Ad	ddress	·					
My Amount of Income is \$		\$					
My Income is obtained from what sources?							
Any public assistance?	State						
	BIA General Assistance		ce				
	Vets Admin						
	SSI						
My amount of deb		purpose of	f debt				
Do I live on land covered by this applicati			ion?	yes			
				no			
My land lease ani	nual rent red	ceived from	this land?	\$			
I want to Sell or g	ift deed this						
land to:		First					
		Full Middle	)				
		Last					
	relationship						
	This person						
l aan ha maada d	1	Phone #			email:		
I can be reached	ai.	irnone#	1		iemaii:	1	

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